



Liquor Division
Application for Vendors Permit

MONTANA
Form AVP-2
Rev. 2-04

\$
Permit Fee - \$100

Under the provision of Title 16 of the Montana Codes Annotated and the Administrative Rules of Montana 42.11.201 through 42.11.252, the undersigned hereby makes application for a Montana Vendors Permit.

Name of Applicant (Firm or Corporation)
Address Phone

We understand to be registered as a vendor we must register at least one (1) Montana resident as our representative (see below).

We have read and understand the rules adopted by the Department of Revenue, Liquor Division and agree to abide by all laws and rules of the State of Montana regarding the promotion of alcoholic beverages.

Mail to: Registration and Licensing PO Box 1712 Helena, MT 59604-1712
Signature - Vendors Authorized Official or Broker
Title Date

Permit Fee of \$100 Must Accompany This Application

For Registration of Representative \$
\$25 Fee For Each Representative

Having made application above, or being a holder of Montana Vendors Permit No. understand that we are required to employ at least one, but not more than three (3), representatives to promote the sale of our liquor products in the State of Montana. We therefore request approval to register the following as representative(s) for

- Individual or Firm Name
1. Name Address Phone
2. Name Address Phone
3. Name Address Phone

Mail to: Registration and Licensing PO Box 1712 Helena, MT 59604-1712
Signature - Vendors Authorized Official or Broker
Title Date

## Statement of Representative

I have agreed to promote liquor products for \_\_\_\_\_  
and agree that the following information is true and correct.

Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
Business Address \_\_\_\_\_ Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Soc. Security No \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Color of hair \_\_\_\_\_ Color of eyes \_\_\_\_\_

Are you a Montana resident and qualified to vote in a Montana election? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you ever been convicted of a misdemeanor or felony under the laws of the Federal Government or any State of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list office, date, court and place of conviction.

Do you directly or indirectly, have a financial interest in any Montana licensed alcoholic beverage retailer, beer wholesaler, table wine distributor, brewer/beer importer or winery/wine importer either individually or as a partner, office, director, stockholder or employee?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list name and address \_\_\_\_\_

I have read and understand the laws and rules of the State of Montana regarding the advertising and promotion of alcoholic beverages and will abide by these laws and rules. Any statement found to be false or misleading in any respect may constitute cause for denial or revocation of registration.

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Date

---

## Statement of Representative

I have agreed to promote liquor products for \_\_\_\_\_  
and agree that the following information is true and correct.

Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
Business Address \_\_\_\_\_ Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Soc. Security No \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Color of hair \_\_\_\_\_ Color of eyes \_\_\_\_\_

Are you a Montana resident and qualified to vote in a Montana election? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you ever been convicted of a misdemeanor or felony under the laws of the Federal Government or any State of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list office, date, court and place of conviction.

Do you directly or indirectly, have a financial interest in any Montana licensed alcoholic beverage retailer, beer wholesaler, table wine distributor, brewer/beer importer or winery/wine importer either individually or as a partner, office, director, stockholder or employee?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list name and address \_\_\_\_\_

I have read and understand the laws and rules of the State of Montana regarding the advertising and promotion of alcoholic beverages and will abide by these laws and rules. Any statement found to be false or misleading in any respect may constitute cause for denial or revocation of registration.

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Date

## Statement of Representative

I have agreed to promote liquor products for \_\_\_\_\_  
and agree that the following information is true and correct.

Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
Business Address \_\_\_\_\_ Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Soc. Security No \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Color of hair \_\_\_\_\_ Color of eyes \_\_\_\_\_

Are you a Montana resident and qualified to vote in a Montana election? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you ever been convicted of a misdemeanor or felony under the laws of the Federal Government or any  
State of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list office, date, court and place of conviction.

Do you directly or indirectly, have a financial interest in any Montana licensed alcoholic beverage retailer, beer  
wholesaler, table wine distributor, brewer/beer importer or winery/wine importer either individually or as a partner,  
office, director, stockholder or employee?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list name and address \_\_\_\_\_

I have read and understand the laws and rules of the State of Montana regarding the advertising and promotion  
of alcoholic beverages and will abide by these laws and rules. Any statement found to be false or misleading in  
any respect may constitute cause for denial or revocation of registration.

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Date